

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent # <u>10/517579</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>
8 TO BE REFUNDED BY:			
<input type="checkbox"/> Treasury Check			
<input checked="" type="checkbox"/> Credit Deposit A/C #:		9 <u>23--0650</u>	
10 REASON:			
<input type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>D.H.</u>		TITLE: <u>Analyst</u>	
SIGNATURE: <u>J.H.</u>		PHONE: _____	
OFFICE: <u>PCT</u>		***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****	
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B